

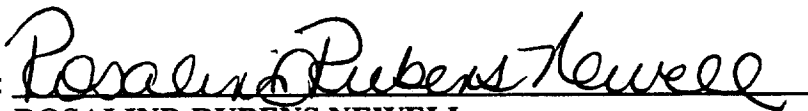
Entered - 06/11/01 - dp
CL01L0352 - DIANNE C. MITCHELL

01-R-1046

CLAIM OF: **STATE OF GEORGIA, DEPARTMENT
OF ADMINISTRATIVE SERVICES
200 Piedmont Avenue
Suite 1208, West Tower
Atlanta, Georgia 30334-9010**

For damages alleged to have been sustained as a result of a vehicular
accident on July 25, 2000 at 1189 Henrico Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
**ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0352

Date: June 21, 2001

Claimant /Victim STATE OF GEORGIA, DEPARTMENT OF ADMINISTRATIVE SERVICES

BY: (Atty)(Ins. Co.) _____

Address: 200 Piedmont Avenue, Suite 1208, West Tower, Atlanta, Georgia 30334-9010

Subrogation: X Claim for Property damage \$ _____ Bodily Injury \$ 933.95

Date of Notice: 06/05/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/25/01 Place: 1189 Henrico Road

Department Public Works Division: Solid Waste Services

Employee involved John F. Pittman Disciplinary Action: No Action Taken

NATURE OF CLAIM: The claimant is presenting a claim for reimbursement of Workers' Compensation benefits paid to its employee for injuries allegedly resulting from the above referenced accident. However, a claim was presented by the State of Georgia, Department of Transportation for reimbursement for damages sustained to its vehicle as a result of this vehicular accident (see City Claim Number 00L0620). This claim was settled with the State of Georgia in the amount of \$2,000.00, thus exhausting all funds available for settlement of the claims of the State of Georgia arising out of this accident.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

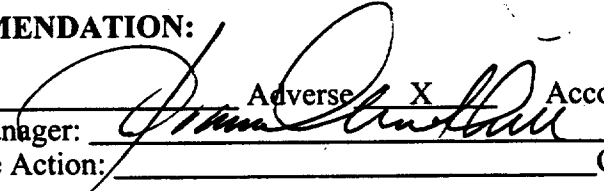
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-22-01

Committee Action: _____ Council Action _____



Trust · Excellence · Service

Department of Administrative Services
STATEWIDE BUSINESS SERVICES
Risk Management Services
Jason Smitherman, Director

June 5, 2001

ENTERED - 6-11-01 - DP
01L0352 - DIANNE MITCHELL

CITY OF ATLANTA
ATTN: DIANNE C MITCHELL
CLAIMS MANAGER
DEPARTMENT OF LAW
SUITE 4100
CITY HALL TOWER
68 MITCHELL STREET, SW
ATLANTA, GEORGIA 30335-0332

Re: Employee: Gerald G Stovall
Claim Number: WC01507679
Accident Date: 07/25/2000
Your Claim No: 00L0620

Dear MS MITCHELL:

I am the Recovery Specialist for the State of Georgia Department of Administrative Services ("DOAS"), Risk Management, in charge of Workers' compensation subrogation under O.C.G.A. 34-9-11.1.

In response to your recent call, please find our supporting documentation to support our subrogation claim for the above referenced matter.

You will note we have paid 933.95 in Medical and \$0 in Indemnity. Please issue your check in the amount of \$ 933.95 to the Georgia Department of Administrative Services and send to P.O. Box 38198, Capitol Hill Station, Atlanta, Georgia 30334-5529.

If further information is required, please feel free to contact me at 404/657-4437.

Sincerely,

Sharon Stone

01-R-1046

Workers' Compensation

200 Piedmont Avenue, Suite 1208, West Tower, Atlanta, Georgia 30334-9010
404-656-3237 Fax 404-657-1188 www.doas.state.ga.us